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Sec Mail Processing Section

APR 162008

UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

FORM D

NOTICE OF SALE OF SECURITIES PURSUANT TO REGULATION D, **SECTION 4(6), AND/OR**

Washington, DC UNIFORM LIMITED OFFERING EXEMPTION < 101

OMB APPROVAL OMB Number 3235-0076 Expires: April 30, 2008 Estimated average burden 16.00 hours per response

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Name of Offering (check if this is an amendment and name has changed, and indicate change.) Kimber Units March 2008	
Filing Under (Check box(es) that apply): Rule 504 Rule 505 Rule 506 Section 4(6) ULOE	
Type of Filing: New Filing Amendment	
A. BASIC IDENTIFICATION DATA	
1. Enter the information requested about the issuer	
Name of Issuer (check if this is an amendment and name has changed, and indicate change.)	
Kimber Resources Inc.	
Address of Executive Offices (Number and Street, City, State, Zip Code) Telephone Numb	
215 – 800 West Pender Street, Vancouver, British Columbia, Canada V6C 2V6 (604) 669-2251	W \$1400 IIVN 12W 140
Address of Principal Business Operations (Number and Street, City, State, Zip Code) Tolehone Numb 080464	135
Brief Description of Business	
Brief Description of Business Gold & silver exploration and development APR 2 3 2008	
Type of Business Organization	
☐ corporation ☐ limited partnership, already formed ☐ other (please specify):	
business trust limited partnership, to be formed	
Actual or Estimated Date of Incorporation or Organization: Month Year 0 3 9 5	
Jurisdiction of Incorporation or Organization: (Enter two-letter U.S. Postal Service Abbreviation for State: CN for Canada: FN for other foreign invisidation)	

GENERAL INSTRUCTIONS

Who Must File: All issuers making an offering of securities in reliance on an exemption under Regulation D or Section 4(6), 17 CFR 230.501 et seq. or 15 U.S.C. 77d(6).

When To File: A notice must be filed no later than 15 days after the first sale of securities in the offering. A notice is deemed filed with the U.S. Securities and Exchange Commission (SEC) on the earlier of the date it is received by the SEC at the address given below or, if received at that address after the date on which it is due, on the date it was mailed by United States registered or certified mail to that address.

Where to File: U.S. Securities and Exchange Commission, 450 Fifth Street, N.W., Washington, D.C. 20549.

Copies Required: Five (5) copies of this notice must be filed with the SEC, one of which must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

Information Required: A new filing must contain all information requested. Amendments need only report the name of the issuer and offering, any changes thereto, the information requested in Part C, and any material changes from the information previously supplied in Parts A and B. Part E and the Appendix need not be filed with the SEC.

Filing Fee: There is no federal filing fee.

This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for sales of securities in those states that have adopted ULOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with the Securities Administrator in each state where sales are to be, or have been made. If a state requires the payment of a fee as a precondition to the claim for the exemption, a fee in the proper amount shall accompany this form. This notice shall be filed in the appropriate states in accordance with state law. The Appendix in the notice constitutes a part of this notice and must be completed.

ATTENTION

Failure to file notice in the appropriate states will not result in a loss of the federal exemption. failure to file the appropriate federal notice will not result in a loss of an available state exemption unless such exemption is predicated on the filing of a federal notice.

> Potential persons who are to respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB control number.

1			A. BASIC IDE	ENTIFICATION DATA		
2: Enter the info	mation re	quested for the fo	llowing:			
 Each pro 	moter of	the issuer, if the is	suer has been organized w	rithin the past five years;		
	neficial o		power to vote or dispo	se, or direct the vote or	disposition of, 1	0% or more of a class of equity
• Each exe	cutive off	icer and director of	of corporate issuers and of	corporate general and man	aging partners of	partnership issuers; and
 Each ger 	neral and r	nanaging partner	of partnership issuers.			
Check Box(es) th	at Apply:	Promoter	Beneficial Owner	Executive Officer	Director	General and/or Managing Partner
Full Name (Last : BAKER, Leann		if individual)				
		•	Street, City, State, Zip Coll Valley, CA 94941 USA	•		
Check Box(es) th	at Apply:	Promoter	Beneficial Owner	Executive Officer	☑ Director	General and/or Managing Partner
Full Name (Last in BERGEN, Rayn		•				
Business or Resid Lasqueti Island,			nd Street, City, State, Zip	Code)	· .	-
Check Box(es) th	at Apply:	Promoter	Beneficial Owner	⊠ Executive Officer	☑ Director	General and/or Managing Partner
Full Name (Last of CUMMINGS, C	-	if individual)		,		
		•	Street, City, State, Zip Co, B.C., Canada V6C 2V6	,		
Check Box(es) th	at Apply:	Promoter	Beneficial Owner	Executive Officer	☑ Director	General and/or Managing Partner
Full Name (Last in GRAY BEAL, F						
Business or Resid 37 Wynwood Ro			Street, City, State, Zip Co USA	de)		
Check Box(es) th	at Apply:	Promoter	Beneficial Owner	Executive Officer	⊠ Director	General and/or Managing Partner
Full Name (Last in NIXON, Peter E		,	Board)			
			Street, City, State, Zip Coa on the Lake, Ontario,			
Check Box(es) th	at Apply:	Promoter	Beneficial Owner	Executive Officer	☑ Director	General and/or Managing Partner
Full Name (Last in PUPLAVA, James		if individual)				-
		•	Street, City, State, Zip Co an Diego, CA 92127 USA	•		
Check Box(es) th	at Apply:	Promoter	Beneficial Owner	Executive Officer	□ Director	☐ General and/or Managing Partner
Full Name (Last i QUIN, Stephen		if individual)				
		•	Street, City, State, Zip Co Canada V6C 2T6	de)		

(Use blank sheet, or copy and use additional copies of this sheet, as necessary.)

A. BASIC IDENTIFICATION DATA (Con't)						
Check Box(es) that Apply:	☐ Promoter ☐ Beneficial Owner Managing Partner	☐ Executive Officer	☑ Director	General and/or		
Full Name (Last name first, YOUNG, Donald Walter						
	ess (Number and Street, City, State, Zip Co Vancouver, B.C., Canada V7W 2X5	de)				
Check Box(es) that Apply:	☐ Promoter ☑ Beneficial Owner Managing Partner	Executive Officer	Director	General and/or		
Full Name (Last name first, SPROTT ASSET MANAC	•					
	ess (Number and Street, City, State, Zip Co Tower, 200 Bay Street, Suite 2700, Box	•	nada M5J 2J1			
Check Box(es) that Apply:	Promoter Beneficial Owner Managing Partner	Executive Officer	Director	General and/or		
Full Name (Last name first, DAVIES, Lyn Byron	if individual)					
	ess (Number and Street, City, State, Zip Coreet, Vancouver, B.C., Canada V6C 2V6					
Check Box(es) that Apply:	☐ Promoter ☐ Beneficial Owner Managing Partner	Executive Officer	Director	General and/or		
Full Name (Last name first, MARÉ, Petrus Hermanus						
	ess (Number and Street, City, State, Zip Co kvilel, Ontario, Canada L6M 2P6	de)				
Check Box(es) that Apply:	Promoter Beneficial Owner Managing Partner	Executive Officer	☐ Director	General and/or		
Full Name (Last name first,	if individual)					
Business or Residence Addr	ess (Number and Street, City, State, Zip Co	de)				
Check Box(es) that Apply:	Promoter Beneficial Owner Managing Partner	Executive Officer	Director	General and/or		
Full Name (Last name first,	if individual)					
Business or Residence Addr	ess (Number and Street, City, State, Zip Co	de)				
Check Box(es) that Apply:	☐ Promoter ☐ Beneficial Owner Managing Partner	Executive Officer	Director	General and/or		
Full Name (Last name first,						
Business or Residence Addr	ess (Number and Street, City, State, Zip Co	de)		<u></u>		
Check Box(es) that Apply:	☐ Promoter ☐ Beneficial Owner Managing Partner	Executive Officer	Director	General and/or		
Full Name (Last name first,						
Business or Residence Addr	ess (Number and Street, City, State, Zip Co	de)				
	(Use blank sheet, or copy and use a	dditional copies of this she	et, as necessary.)			
L						

				В. 1	INFORMA'	TION ABO	UT OFFER	RING				
1 . ***											Yes	No
1. Has the	issuer sold	•		-				ering?		•••••••		\boxtimes
				• •	Column 2, if	•						
2. What is	the minim	um investm	ent that will	be accepted	1 from any ir	ndividual?			••••••	****************		
2 D= -4	.a. a.£r'		a	en airri							Yes	No ⊠
				_						commission		\boxtimes
similar associat dealer.	remuneration ted person of	on for solici or agent of a in five (5) p	tation of pur broker or d	rchasers in c ealer registe	connection vered with the	vith sales of sEC and/o	securities in with a stat	the offering e or states, I	g. If a personist the name	on to be listed of the broke th the inform	lisan ror	N/A
Full Name	(Last name	first, if indi	vidual)	.			· -					
The offeri	ng will be s	sold only b	y officers a	nd director	rs of the Co	mpany, wh	o will not r	eceive remi	uneration o	r compensa	tion for su	ch sales
Business or	r Residence	Address (N	lumber and	Street, City,	, State, Zip C	Code)						
Name of A	ssociated B	roker or De	aler									
States in W	hich Person	n Listed Has	s Solicited o	r Intends to	Solicit Purc	hasers						
											Паі	l States
[AL]	[AK]	[AZ]	[AR]	[CA]	[CO]	[CT]	[DE]	[DC]	[FL]	[GA]	[HI]	[ID]
[IL]	[IN]	[IA]	[KS]	[KY]	[LA]	[ME]	[MD]	[MA]	[MI]	[MN]	[MS]	[MO]
[MT] [RI]	[NE] [SC]	[NV] [SD]	[NH] [TN]	[NJ] [TX]	[NM] [UT]	[NY] [VT]	[NC] [VA]	[ND] [WA]	[OH] [WV]	[OK] [WI]	[OR] [WY]	[PA] [PR]
Full Name				[171]		1,7,7	[1,73]	1,,.1	[,,,,]		1,, ,1	[110]
	(,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,									
Business or	r Residence	Address (N	lumber and	Street, City,	State, Zip C	Code)						
				·								
Name of As	ssociated B	roker or De	aler		· .							
	bootiated b	ione. or De										
States in W	hich Persor	n Listed Has	s Solicited o	r Intends to	Solicit Purc	hasers						
-			vidual States									l States
[AL] [IL]	[AK] [IN]	[AZ] [IA]	[AR] [KS]	[CA] [KY]	[CO] [LA]	[CT] [ME]	[DE] [MD]	[DC] [MA]	[FL] [MI]	[GA] [MN]	[HI] [MS]	[ID] [MO]
[MT]	[NE]	[NV]	[NH]	[N]]	[NM]	[NY]	[NC]	[ND]	[OH]	[OK]	[OR]	[PA]
[RI]	[SC]	[SD]	[TN]	[TX]	[UT]	[VT]	[VA]	[WA]	[WV]	[WI]	[WY]	[PR]
Full Name	(Last name	first, if indi	vidual)									
Business or	r Residence	Address (N	lumber and	Street, City.	State, Zip C	Code)						·····
D 40111033 01				. ,,	ош, шр	,						
Name of As	ssociated B	roker or De	aler									
States in W	high Dongs	Listed U.	Soliaitad -	r Intanda +-	Solicit Purc	horaer						
						masers						1 Ctata -
[AL]	States" or [AK]	[AZ]	vidual States [AR]	[CA]	(CO)	[CT]	[DE]	[DC]	[FL]	[GA]	[HI]	l States [ID]
[IL]	[IN]	[IA]	[KS]	[KY]	[LA]	[ME]	[MD]	[MA]	[MI]	[MN]	[MS]	[MO]
[MT]	[NE]	[NV]	[NH]	[NJ]	[NM]	[NY]	[NC]	[ND]	[OH]	[OK]	[OR]	[PA]
[RI]	[SC]	[SD]	(Use blan	[TX]	[UT] copy and use	[VT]	[VA]	[WA]	(WV)	[WI]	[WY]	[PR]
			(Ose Dian	K SHEEL, OF	copy and use	auuitiOllal	cobies of tu	a succi, as n	ccessary.)			

1	Enter the aggregate offering price of securities included in this offering and the total amount already sold. Enter "0" if answer is "none" or "zero." If the transaction is an exchange offering, check this box \(\sigma\) and indicate in the columns below the amounts of the securities offered for exchange and already exchanged.				
	amounts of the securities offered for exchange and arready exchanged.		(CDN\$)		(CDN\$)
			Aggregate	An	ount Aiready
	Type of Security	0	ffering Price		Sold
	Debt	_\$_	<u> </u>	\$	0
	Equity	<u>\$</u>	0	\$	0
	Common Preferred				
	Convertible Securities (including warrants)	\$	0	\$	0
	Partnership Interests	s	0	\$	0
	Other (Specify Units: Each Unit consisting of one share of Common Stock and one-half of one non-transferable Common Stock purchase warrant*)	\$	6,000,000	\$	6,000,000
	Total	<u> </u>	6,000,000	s	6,000,000
	Answer also in Appendix, Column 3, if filing under ULOE.		0,000,000	<u> </u>	0,000,000
	securities in this offering and the aggregate dollar amounts of their purchases. For offerings under Rule 504, indicate the number of persons who have purchased securities and the aggregate dollar amount of their purchases on the total lines. Enter "0" if answer is "none" or "zero."		Number Investors	Do	(CDN\$) Aggregate Ollar Amount f Purchases
	Accredited Investors		14	\$	4,255,374
	Non-accredited Investors		0	\$	0
	Total (for filings under Rule 504 only)			\$	
	Answer also in Appendix, Column 4, if filing under ULOE.				
3.	If this filing is for an offering under Rule 504 or 505, enter the information requested for all securities sold by the issuer, to date, in offerings of the types indicated, in the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C - Question 1.				
			Type of	Do	ollar Amount
	Type of offering		Security	_	Sold
	Rule 505			<u>\$</u>	
	Regulation A			\$	
	Rule 504			<u>\$</u>	
4	Total		<u> </u>	\$	0
4.	a. Furnish a statement of all expenses in connection with the issuance and distribution of the securities in this offering. Exclude amounts relating solely to organization expenses of the issuer. The information may be given as subject to future contingencies. If the amount of an expenditure is not known, furnish an estimate and check the box to the left of the estimate.				(CD)(t)
	Transfer Agent's Fees		1	#	(CDN\$)
	Transfer Agent's Fees		_	<u>\$</u>	300
	Printing and Engraving Costs		_	<u>\$</u>	
	Legal Fees				18,000
	Accounting Fees				0
	Engineering Fees			_\$_	0
	Sales Commissions (specify finders' fees separately)	••••••		_\$_	0

C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OF PROCEEDS

Other Expenses (identify)	Finder's fee			\$ 35,437	<u>, </u>
	Listing fees			\$ 44,207	<u>-</u>
	Filing fees			\$ 2,350	<u> </u>
Total				\$ 100,294	_
Unit consists of 1 Common Share and 1/2 Varrant Share at a price of \$1.25 per Warr			l entitle th	ie Purchaser to pi	urchase one
	LICE, NUMBER OF INVESTORS, I		F PROCI	EEDS	<u></u>
 Enter the difference between the ag Question 1 and total expenses furnis difference is the "adjusted gross proceed 	shed in response to Part C - Quest	ion 4.a. This	_9	5,899,706	-
 Indicate below the amount of the adjust used for each of the purposes shown. I estimate and check the box to the left of equal the adjusted gross proceeds to the above. 	f the amount for any purpose is not keep the estimate. The total of the payment	nown, furnish an nents listed must			
		Payments of Officers, Directors,		Payments To	
		Affiliates		Others	
Salaries and fees		🔀 \$300,000	_ 🛛	\$1,086,000	_
Purchase of real estate		🗀 <u>\$</u>	_ □	\$	_
Purchase, rental or leasing and in	stallation of machinery and equipment	<u>\$</u>	🗆	\$	_
Construction or leasing of plant b	uildings and facilities	🔲 <u>\$</u>	🗆	\$	_
this offering that may be used in e	ncluding the value of securities involvexchange for the assets or securities of			_	
•	er)	<u> </u>	_ 片	\$	-
• •	•••••		— 님	\$	-
• •		<u>\$</u>	⊔	\$	-
Other (specify).					
		🗆 <u>s</u>	🛛	\$4,513,706	
Column Totals		🔀 <u>\$300,000</u>	🛛	\$5,599,706	
Total Payments Listed (column to	otals added)		\$ 5,8	<u>899,706</u>	
	D. FEDERAL SIGNA	TURE			
The issuer has duly caused this notice to be ignature constitutes an undertaking by the information furnished by the issuer to any notice.	ssuer to furnish to the U.S. Securities	and Exchange Commissi			
ssuer (Print or Type)	Signature	~ ~~		Date	· · · · · · · · · · · · · · · · · · ·
Kimber Resources Inc.	handen			April	11,2008
Name of Signer (Print or Type)	Title of Signer (Print or	· Type)		<u> </u>	
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_	ATTENTION							
lr	ntentional misstatements or omissions of fact constitute federal criminal violations. (See 18 U.S.C. 1001.)							
Γ	E. STATE SIGNATURE							
1.	Is any party described in 17 CFR 230.262 presently subject to any of the disqualification provisions Yes No of such rule?							
	See Appendix, Column 5, for state response.							
2.	The undersigned issuer hereby undertakes to furnish to any state administrator of any state in which this notice is filed, a notice on Form D (17 CFR 239.500) at such times as required by state law.							
3.	The undersigned issuer hereby undertakes to furnish to the state administrators, upon written request, information furnished by the issuer to offerees.							
4.	The undersigned issuer represents that the issuer is familiar with the conditions that must be satisfied to be entitled to the Uniform Limited Offering Exemption (ULOE) of the state in which this notice is filed and understands that the issuer claiming the availability of this exemption has the burden of establishing that these conditions have been satisfied.							
	e issuer has read this notification and knows the contents to be true and has duly caused this notice to be signed on its behalf by the undersigned duly chorized person.							
	mber Resources Inc. Date 11 2008							

Title (Print or Type)

Chief Executive Officer

Instruction:

Name (Print or Type)

Gordon Cummings

Print the name and title of the signing representative under his signature for the state portion of this form. One copy of every notice on Form D must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

[F6779vD.DOC] 7 of 9

APPENDIX

1	;	2	3 4			5				
	to non-a investor	I to sell accredited in State -Item 1)			Type of investor and amount purchased in State (Part C-Item 2)				Disqualification under State ULOE (if yes, attach explanation of waiver granted) (Part E-Item 1)	
State	Yes	No		Number of Accredited Investors	Amount	Number of Non-Accredited Investors	Amount	Yes	No	
AL										
AK										
AZ										
AR										
CA		х	\$6,000,000 common stock & warrants	6	\$493,749.00				x	
со							<u>-</u>	<u> </u>		
СТ				······				<u> </u>		
DE										
DC										
FL										
GA										
HI										
ID		_								
IL										
IN									<u></u>	
ΙA										
KS										
KY										
LA										
ME										
MD			4.000 000							
MA		х	\$6,000,000 common stock & warrants	2	\$3,216,000.00				х	
MI								<u> </u>		
MN								ļ		
MS								ļ		
мо		х	\$6,000,000 common stock & warrants	2	\$251,250.00				х	

APPENDIX

1	<u> </u>	2	3	5							
	to non-a	d to sell accredited is in State 3-ltem 1)			Type of investor and amount purchased in State (Part C-Item 2)				Disqualification under State ULOE (if yes, attach explanation of waiver granted) (Part E-Item 1)		
State	Yes	No		Number of Accredited Investors	Amount	Number of Non-Accredited Investors	Amount	Yes	No		
MT											
NE											
NV											
NH											
NJ		х	\$6,000,000 common stock & warrants	1	\$130,875.00				х		
NM											
NY											
NC											
ND											
ОН	į										
ок											
OR									<u> </u>		
PA									ļ		
RI								ļ			
SC											
SD							P. 1				
TN			0000000				-				
TX		х	\$6,000,000 common stock & warrants	2	152,250.00				х		
UT				_							
VT	ļ	ļ 									
VA			<u> </u>								
WA											
WV			A 6 000 6 00					<u></u>			
WI		Х	\$6,000,000 common stock & warrants	1	\$11,250.00				х		
WY											
PR											

END